



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

MEMORIAL COMPOUNDING RX

Respondent Name

PACIFIC EMPLOYERS INSURANCE CO

MFDR Tracking Number

M4-15-1148-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

December 11, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am seeking reconsideration on this bill that has been denied not treating doctor or facility."

Amount in Dispute: \$1,995.38

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please be advised that the above claim is being handled under Louisiana jurisdiction. . . . Since this is not a Texas claim, DWC does not have jurisdiction over medical disputes."

Response Submitted by: Esis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 15, 2014 to May 28, 2014	Pharmacy Services	\$1,995.38	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

Findings

The Division's Medical Fee Dispute Resolution (MFDR) section is unable to resolve this dispute. Per 28 Texas Administrative Code §133.307(a)(3), "In resolving non-network disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the Division of Workers' Compensation (Division) is to adjudicate the payment, given the relevant statutory provisions and Division rules." Upon review, the submitted information supports that the injured employee has received benefits under the worker's compensation laws of the state of Louisiana. Consequently, this fee dispute is not within the jurisdiction of the Division of Workers' Compensation, as it does not involve a Texas workers' compensation claim. The Division therefore finds that this fee dispute is not eligible for medical fee dispute resolution under §133.307.

Conclusion

The Division concludes that it does not have jurisdiction over the services in dispute. This request for medical fee dispute resolution is dismissed for good cause in accordance with 28 Texas Administrative Code §133.307(e)(3)(J).

DISMISSAL

The Division has determined that it does not have jurisdiction over this dispute. The request for medical fee dispute resolution is hereby dismissed.

Authorized Signature

_____	<u>Grayson Richardson</u>	<u>April 10, 2015</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** along with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812